



Consumer Complaint

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) *(first)* *(middle)* *(last)*

Phone: Home () _____ Cell () _____
Work () _____ ext. _____

Phone me between 8:00 A.M. and 4:00 P.M. at:

(circle one) Home Work Cell Email: _____

Address: _____ Apt.# _____

PO Box: _____ County: _____

City: _____ State: _____ Zip: _____

2. What business is your complaint against?

Name of business: _____

Address: _____ Ste.# _____

PO Box: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Name of person you talked to and title: _____

Information about your complaint

3. Which of the following best describes your first contact with the business: *(check one)*

Person from business came to my home

I went to the business

Person from business called me

I telephoned the business

Business sent me information in the mail

I responded to a radio or TV ad

I attended a convention or trade show

Internet

I responded to a printed advertisement

Email

4. When did the first contact occur? month: _____ day: _____ year: _____

5. How old is the person who had contact with the business?

Age: *(circle one)* 0-17 18-61 62 or older

6. What product or service did you buy? *(please be specific)*

7. Was it advertised? *(circle one)* No Yes

Date: _____ Where: _____

8. Did you sign a contract? *(circle one)* No Yes

Date: _____

Number on contract, policy or receipt: _____

9. If yes, where were you when you signed the contract?

10. Amount paid: \$ _____ by: *(circle one)*
cash check credit card financed other plan

11. Where did you pay the business: *(check one)*
 At my home At the company's place of business
 By mail
 Internet Away from company's place of business
 Over the telephone by credit card At a convention or trade show

12. Did you contact the business about your complaint?
(circle one) Yes No When? _____
What happened? _____

13. Have you filed this complaint with another agency?
(circle one) Yes No Agency name? _____
What happened? _____

14. Have you contacted a private attorney? (circle one) Yes No
Have you started court action? (circle one) Yes No

15. Describe your complaint in detail.

(continued on next page)

The above information is true and accurate to the best of my knowledge.

Your signature: _____ Date: _____

Return this form and two copies of your papers to:

BUREAU of CONSUMER PROTECTION

2811 Agriculture Drive

PO Box 8911

Madison WI 53708-8911

Toll free in Wisconsin: (800) 422-7128

EMAIL: DATCPHotline@Wisconsin.gov

(608) 224-4976

FAX: (608) 224-4939

TDD: (608) 224-5058

WEBSITE: www.datcp.state.wi.us